

<p align="center">SIXTH YEAR CERTIFICATION ELIGIBILITY PSAP WIRELESS IMPLEMENTATION STATUS REPORT Sixth year eligibility requires ONE form be submitted for each county or Wayne County 9-1-1 Service District. The form must be postmarked by January 31, 2005.</p>			
County/Service District		County 9-1-1 Coordinator	
Street	City	State	Zip Code
Telephone		FAX	E-Mail
Multiple PSAPs in Your County/Service District <input type="checkbox"/> Yes <input type="checkbox"/> No		If multiple PSAPs , please list primary PSAPs in your county/service district. Contact name and phone number are required for each. Please indicate which of the listed PSAPs are taking wireless 9-1-1 calls.	
Primary PSAP Contact		Telephone	Taking Wireless 9-1-1 Calls <input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Single PSAP Serving County		County	Telephone
PSAP Manager	Street	City	State
Zip Code		Telephone	E-Mail

Authority: 1986, PA 32 as amended Compliance: Voluntary
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[illegible]